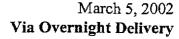
ATTACHMENT C

United States Advanced Network, Inc.
Copy of March 5, 2002 filing of:
2000 Foreign Corporation Annual Report
2001 Foreign Corporation Annual Report
as submitted to IL Secretary of State





Jesse White

210 N. Park Ave.

Secretary of State

Winter Park, FL

Department of Business Services

32789

501 South 2nd Street

Springfield, IL 62756-5510

217-782-7808

P.O. Drawer 200

Winter Park, FL

32790-0200

RE: United States Advanced Network

Corporation File #: F 6033-748-9

Illinois Secretary of State Application For Reinstatement

Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

of Domestic or Foreign Corporations

2000 Foreign Corporation Annual Report

2001 Foreign Corporation Annual Report

Dear Sir:

Enclosed please find three reports which are being filed on behalf of United States Advanced Network. Cashier's Checks in the indicated amounts are enclosed to cover the required fees.

Application For Reinstatement of Domestic or Foreign Corporations - \$100.00 2000 Foreign Corporation Annual Report - \$56.00 2001 Foreign Corporation Annual Report - \$53.50

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this request should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Mark G. Lammert

Compliance Reporting Consultant

cc:

Bob Morrison – United States Advanced Network

file:

United States Advanced Network -Secretary of State - Illinois

JAMSOUTH BANK 342760715 OF FLORIDA Illinois Secretary of State Pay to the order of: nmsouth basis of Gall'sOOcts Not good for over \$1,000,00 United States Advanced Network, The. File# F 6033-748-9 Issued By Integrated Payment Systems (nc. Englewood: Colorado

JAMESOUTH BANK 842760716 OF FLORIDA Merch 42 Pay to the order of: \ Illimois Secretary of State amsouth bank of IOOcolsOOcts Not good for over \$1,000.00 Application for Redustatement United States Advanced Network, Inc. Issued By Injegraled Payment Systems Inc. Englewood, Colorado FILE & 33-748-9. To Citibank (New York State): Buffalo, N.Y. ## 10 1 2000 B B ## B B # 10 1 2B B

| AMSOUTH BANK A A A A A A A A A A A A A A A A A A | MONEY OF DEFI | 342760717 |
|---|---|--|
| | | march 4,2002 |
| 。Pay to the order of: エルルのに | s Secretary of Stat | |
| | alysouth bank 57 | វល់វិនភ០ ៩នៃ Not good for over \$1,000.00 |
| United States Add | vanced Network, Inc. File# F 6033-748-9 | Richard J. Huson |
| lssued By Integrated Payment Systems Inc.; Englewood; Cold To Citibank (New York State): Buffalo, N. V | 171e年 F 6033-748-7 made: | Signature -e |
| | 1:0 2 200008681:6811 10 1 21 | 86 342760717 |
| THE VARIABLE TONE BACKGROUND AREA OF THIS DOCUM | IENT CHANGES COLOR GRADUALLY AND SMOOTHLY FROM DARK | CER TONES AT BOTH TOP AND BOTTOM TO THE LIGHTEST TONE IN THE MIDDLE. |
| | | |

. Form BCA-12.45/

13.60

APPLICATION FOR REINSTATEMENT

(Rev. Jan. 1999)

Jesse White Secretary of State
Department of Business Services **DOMESTIC OR FOREIGN CORPORATIONS**

This space for use by Secretary of State

File# F 6033-748-9

SUBMIT IN DUPLICATE!

| http | ://ww | d, IL 62756 w.sos.state.il.us | · | This space f Secretary | |
|---------------------|---------------------------|---|---|------------------------------------|-----------------|
| fied atto che | check mey's ck or t | must be made by certi- k, cashier's check, Illinois s check, Illinois C.P.A.'s money order, payable to y of State." | | Date Filing Fee Approved: | \$ 100.00 |
| 1. | (a) | • | the date of issuance of the certificate of dissolutanced Network, Inc. | ition or revocation | : |
| | (b) | Corporate name as ch | anged: United States Advanced Netwo | ork, Inc. | (1) |
| | (c) | | having a certificate of authority under an assume me: | | |
| 2. | Stat | te of incorporation: Geo | orgia | | |
| <u> </u> | | | | | |
| 3. | Dat | e that the certificate of d | lissolution or revocation was issued:July 2, | 2001 | |
| 4. | 3) N | | nois registered agent and the Illinois registered of tem #4 does not constitute a registered agent of | | |
| | | Registered Agent | Corporation Service Company First Name Middle Name | L | ast Name |
| | | Registered Office | 422 North Northwest Highway Number Street Suite#(| A P.O. Box alone is | not acceptable) |
| | | | Park Ridge, IL 60068 | | <u> </u> |
| | | | City ZIP Code | | County |
| 5. | This lice | s application is accompa nse fee and penalties re | nied by all delinquent report forms together with quired. | h the filing fees, fr | anchise taxes, |
| 6. | | ms, under penalties of pe | has caused this statement to be signed by its duly erjury, that the facts stated herein are true. (All signature) 2002 United States Address of (Year) (Exapt National Institute of | matures must be ir | BLACK INK.) |
| | atte | ested by | AMMRUDE DV BULL | esident or Vice Pres | sident) |
| | | George F. Jo (Type or Pri | ohnson, Sr./Sec. Bob Morrison/VP nt Name and Title) Bob Morrison/VP | of Finance Print Name and Title |) |

YEAR OF J//02

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION FILE NO. F 6033-748-9

 NOTE: A Change in the registered agent and/or registered office may <u>only</u> be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6, or 7a; the enclosed BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE United States Advanced Network, Inc. c/o Corporation Service Company 422 North Northwest Highway Park Ridge, IL 60068



COUNTY COOK

3a.) State or Country of incorporation: Georgia 3b.) Date Qualified To Do Business In IL: 2/10/99

| 4.) | the names and tesidential add | ileases of ALL Office | ers & directors MUSI | be listed nere! |
|-----|-------------------------------|-----------------------|----------------------|-----------------|
| | | | | |

| OFFICE | NAME | NUMBER 8 | STREET | CITY | STATE | ZIP |
|-------------|--|---------------------------|-------------------------------|---------------------|------------------|--|
| President | Steve Walton 3080 | Northwoods C | ircle, Nor | cross. GA 3 | 0071 | |
| Secretary | George F. Johnson, S | | | cle, Norcro | | 71 |
| Treasurer | Steve Walton 3080 | Northwoods C | | | | |
| Director | George F. Johnson, J | | | cle, Norcro | | 71 |
| Director | George F. Johnson, S | r. 3080 Nort | hwoods Cir | cle, Norcro | ss, GA 300 | |
| Director | | 3080 Northwoo | | | | |
| | or more of the stock is owned by a neer of shares authorized and issued (a | ninority or female, pleas | e check appropria | | Minority Owned | Female Owned |
| CLASS | SERIES | PAR VALUE | NUMBER | RAUTHORIZED | N | UMBER ISSUED |
| Common | N/A | \$0.01 | 100 | .000 | | 5.000 |
| | "! Whenever the amount in Item 6 or nount of paid-in capital as of | ie: C | etary of State's red 5,000 | cords, the enclosed | BCA 14.30 must b | e completed. |
| 7b.) The Pa | aid-in Capital on record with the Secr | etary of State is: \$ | 5,000 | f / | | apital reflects the sum of d Capital and Paid-in occumts.) |

8.) By Arth Authorized Officer's Signature)

Vice President 2/1/02

RETURN TO:
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

| PRESIDENT Steve Walton | |
|---|---------------|
| SECRETARY George F. Johnson, Sr. | 77 (077 740 0 |
| IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE | F-6033-748-9 |
| CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW. | i se no. |
| PRESIDENT Steve Walton 3080 Northwoods Circle, Norcross, GA 30071 | |
| NAME STREET ADDRESS CITY STATE | ZIP CODE |
| SECRETARY George F. Johnson, Sr. 3080 Northwoods Circle, Norcross, GA 3 | 30071 |
| NAME STREET ADDRESS CITY STATE | ZIP CODE |

FEIN: 58-1817028

| The amounts stated in parts (a) through (e) below are given for the twelve month period | | |
|--|---|------------------------------|
| ending December 31 = 2001 | | |
| The value of the property (gross assets) | | 10 220 602 |
| (a) owned by the corporation, wherever located, was | (a) | \$ 12,220,003 |
| (b) of the corporation located within the state of Illinois was | (b) | s <u>-U-</u> |
| The gross amount of business transacted by the corporation | • | 20 054 555 |
| (c) everywhere for the above period was | | |
| (d) at or from places of business in Illinois for the above period was | (d) | \$ 03,200 |
| Give the location of the principal places of business of the corporation in each state where authorized to | transact business and the | gross amount of business |
| transacted in each state for the above period. (If necessary, attach a second sheet.) | | |
| | (Write this figure | e on |
| ALLOCATION FACTOR + b+d = • 001259 | line 11b below.) | |
| ALLOCATION FACTOR $+ b+d = 001259$ a + c (6 decimal places) | ,,,,, | • |
| | | |
| 10. (a.) ALL property of the corporation is located in Illinois and ALL business of the corporation | poration is transacted | at or from places of busines |
| in Illinois. | | |
| (b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total | al paid-in capital. | |
| | | |
| | | |
| ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.) | | |
| , , , , , , , , , , , , , , , , , , | stad bafar | o continuina |
| STOP! Item 9 or 10 must be comple | eted befor | e continuing |
| , , , , , , , , , , , , , , , , , , | eted befor | e continuing |
| STOP! Item 9 or 10 must be comple | eted befor | e continuing |
| STOP! Item 9 or 10 must be comple | eted befor | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. ANNUAL FRANCHISE TAX AND FEES | eted befor | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the | | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. ANNUAL FRANCHISE TAX AND FEES | a. 5,000 | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7e from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the | | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7e from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 b. 0.001259 | e continuing |
| STOP! Item 9 or 10 must be completed. To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7e from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 | e continuing |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 b. 0.001259 c. 6.30 | e continuing |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 b. 0.001259 c. 6.30 d1. 0.006 | 25 00 |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 b. 0.001259 c. 6.30 d1. 0.006 | 25 00 |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) | a. 5,000 b. 0.001259 c. 6.30 d1. 0.006 | 25 00 |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7e from the other side of report. If late, enter the greater of 7a or 7b.). (b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) | a. 5,000 b. 0.001259 c. 6.30 d1. 0.006 | 25 00 |
| STOP! Item 9 or 10 must be completed To Item 11. 11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.). (b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) | a. 5,000 b. 0.001259 c. 6.30 d1. 0.006 | 25 00 |

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

+ 25.00

g 53.50

(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.)

(f.) ANNUAL REPORT FILING FEE (\$25)

(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)

+ line (e3.) + line (f.).....

- IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

YEAR OF File Prior to:

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION FILE NO. F 6033-748-9

1.) **NOTE:** A Change in the registered agent and/or registered office may <u>only</u> be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6. or 7a; the enclosed BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

United States Advanced Network, Inc. c/o Corporation Service Company 422 North Northwest Highway Park Ridge, IL 60068

NAME

COOK COOK

STATE

3a.) State or Country of incorporation: Georgia

3b.) Date Qualified To Do Business In tL: 2/10/99

CITY

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

| President | Steve Walton | 3080 Norti | woods Circle, | Norcross, GA | 30071 |
|---|--|--------------------------|------------------------|-----------------------|---|
| Secretary | George F. Johnson, Sr. | 3080 Norti | woods Circle, | Norcross, GA | 30071 |
| Treasurer | Steve Walton | 3080 North | woods Circle. | Norcross, GA | 30071 |
| Director | George F. Johnson, Jr. | 3080 North | woods Circle, | Norcross, GA | _30071 |
| Director | George F. Johnson, Sr. | 3080 North | woods Circle. | Norcross, GA | 30071 |
| Director | William D. Johnson | 3080 Nortl | woods Circle, | Norcross, GA | 30071 |
| | or more of the stock is owned by a mind | | check appropriate box. | Minority C | wned Female Owned |
| 6.) Numb | er of shares authorized and issued (as o | of 11/30/00 |): | • | |
| CLASS | SERIES | PAR VALUE | NUMBER AUTH | ORIZED | NUMBER ISSUED |
| Common | N/A | \$0.01 | 100,000 | | 5,000 |
| *************************************** | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| Mahalina | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | !! Whenever the amount in item 6 or 7a | | · · | ie enclosed BCA 14.30 | must be completed. |
| 7a.) The ar | mount of paid-in capital as of 11/30/ | 00 is: \$ <u>5,00</u> | 00 | | |
| 7b.) The Pa | aid-in Capital on record with the Secretar | ry of State is: \$ _5,00 | 00 | | Paid-in Capital reflects the sum of ne stated Capital and Paid-in |

NUMBER & STREET

RETURN TO:

OFFICE

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-7808 www.cyberdrivelllinois.com

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

surplus accounts.)

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

| PRESIDENT | Steve Walton | | 4 | | |
|--------------------|---|---|----------------|--------------|--------------------------|
| SECRETARY | George F. Johnson, | Sr. | | | |
| | OFFICERS' NAMES AND ADD TER ONLY THE ADDITIONS C | DRESSES ARE MISSING OR HAV OR CORRECTIONS BELOW. | /E | | F-6033-748-9 File No. |
| PRESIDENT _ | Steve Walton | 3080 Northwoods | Circle, Norcro | ss. GA 30071 | |
| | NAME | STREET ADDRESS | CITÝ | STATE | ZIP CODE |
| SECRETARY_ | George F. Johnson. | Sr. 3080 Northwoods | Circle. Mercro | ss. GA 30071 | |
| | NAME | STREET ADDRESS | | | ZIP CODE |
| ENTER FEDER | IAL EMPLOYER IDENTIFICAT | ON NUMBER IF NOT PRINTED | 58-181702 | 8 | |